

Family PACT: Diagnosis Codes Listings

This section contains a list of Family PACT specific “S” diagnosis codes. This section also contains information about using traditional ICD-9-CM diagnosis codes for billing services for conditions that are secondary or concurrent to the primary family planning method-specific services. Method of family planning indicators also are listed.

“S” Codes

Family PACT has a unique “S” code system for diagnosis of primary family planning services. There is a primary diagnosis “S” code for each family planning method. The system has numeric codes to designate method specific services. These codes are used to identify benefits to the core and complication services covered by the program. Core services are for evaluation prior to method choice and for continuation of a family planning method. All Family PACT claims must contain one of the “S” codes listed in this section.

A Family PACT “S” code is required to receive reimbursement for each medical and laboratory claim. The “S” code must be used. Do not use the Medi-Cal “V” Code.

ICD-9 Codes for Secondary/Concurrent Conditions

Claims for management and treatment of secondary and concurrent condition services require an additional diagnosis code. Traditional ICD-9-CM codes are used in addition to the “S” code to claim services related to secondary or concurrent conditions. ICD-9-CM codes have been selected by the program to identify secondary and concurrent related conditions included as Family PACT benefits.

Any ICD-9-CM code other than the ones listed in this document are not part of the benefits package. All Family PACT claims for secondary and concurrent conditions must have one of the ICD-9-CM codes listed in this section.

Service Restrictions

Services for secondary and concurrent conditions are a program benefit only when related to a primary family planning method. There must be medical record documentation of the relationship to ongoing method management and successful method use.

**Method of Family
Planning Indicators**

For purposes of evaluating method use in the program, all Family PACT claims must include a report of the primary family planning method the client will use at the end of the office visit.

The method of family planning indicator is a required data element on all clinical claims submitted for reimbursement. Laboratory and pharmacy claims do not require this data element. For further instructions, see the *Family PACT: Claim Form Completion – Method of Family Planning Indicators [familypact29]* section in this manual.

FAMILY PLANNING SERVICES “S” CODES**Categorized Diagnosis
Codes**

Family PACT primary diagnosis codes are categorized and restricted as follows:

<u>Code</u>	<u>Restriction</u>
S10.1 – S40.33	Females
S50.1 – S50.31	Males and females
S60.1 – S60.2	Females
S70.1 – S70.34	Females
S80.1 – S80.33	Males
S90.1 – S90.3	Males and females

Note: Omit the decimal point from the “S” code on the claim form when billing for services.

Claim Form Completion

HCFA 1500 claim form: Enter the primary diagnosis in the *Diagnosis or Nature of Illness or Injury* field (Box 21.1).

UB-92 Claim Form: Enter the primary diagnosis in the *Principal Diagnosis Code* field (Box 67).

Contraception

The following codes are used to bill for contraceptive services.

Oral

<u>Code</u>	<u>Description</u>
S10.1	Oral Contraception – Evaluation <u>prior</u> to Method With or Without Initiation of Method
S10.2	Oral Contraception – Maintain Adherence and Surveillance
S10.3	Oral Contraception – Complication: Related Condition Treatment Complication
S10.31	Method Specific Deep Vein Thrombosis

Injection

<u>Code</u>	<u>Description</u>
S20.1	Contraceptive Injection – Evaluation <u>prior</u> to Method With or Without Initiation of Method
S20.2	Contraceptive Injection – Maintain Adherence and Surveillance
S20.3	Contraceptive Injection – Complication: Related Condition Treatment Complication
S20.31	Method Specific Heavy Vaginal Bleeding

Implant

<u>Code</u>	<u>Description</u>
S30.1	Contraceptive Implant – Evaluation <u>prior</u> to Method With or Without Initiation of Method
S30.2	Contraceptive Implant – Maintain Adherence and Surveillance (Including Removal/ Reinsertion)
S30.3	Contraceptive Implant – Complication: Related Condition Treatment Complication
S30.31	Method Specific Missing or Deep Capsule
S30.32	Method Specific Insertion/Removal Site Infection
S30.33	Method Specific Insertion/Removal Site Hematoma
S30.34	Method Specific Capsule Expulsion
S30.35	Method Specific Heavy Vaginal Bleeding

Intrauterine Contraceptives	<u>Code</u>	<u>Description</u>
	S40.1	IUC Evaluation <u>prior</u> to Method With or Without Initiation of Method
	S40.2	IUC Maintain Adherence and Surveillance
	S40.3	IUC Complication: Related Condition Treatment Complication
	S40.31	Method Specific Pelvic Infection (Secondary to IUC)
	S40.32	Method Specific "Missing" IUD
	S40.33	Method Specific Perforated or Translocated IUD

Barriers and Spermicide Fertility Awareness Methods, Lactation Amenorrhea Method	<u>Code</u>	<u>Description</u>
	S50.1	Barriers and Spermicide – Evaluation <u>prior</u> to Method With or Without Initiation of Method
	S50.2	Barriers and Spermicide – Maintain Adherence and Surveillance
	S50.3	Barriers and Spermicide – Complication: Related Condition Treatment Complication
	S50.31	Method Specific Severe Skin/Tissue Reaction

Pregnancy Testing

The following codes are used to bill for pregnancy testing.

<u>Code</u>	<u>Description</u>
S60.1	Pregnancy Testing
S60.2	Confirmation of Pregnancy Test Results With Physical Examination

Note: If the client chooses no family planning method, bill the pregnancy test visit using the primary diagnosis code S60.1 or S60.2.

If the client chooses a family planning method, bill the visit and the pregnancy test using the primary diagnosis of the client's method (for example, if the client leaves the clinic with oral contraceptives, bill the visit and the pregnancy test using the primary diagnosis code of S10.1).

If the pregnancy test is positive the client is not eligible for any other services except the required education and counseling.

Sterilization

The following codes are used to bill for sterilization services.

Female Bilateral Tubal Ligation (BTL)	<u>Code</u>	<u>Description</u>
	S70.1	BTL – Screening and Evaluation
	S70.2	Surgical Procedure
	S70.3	BTL – Complication: Related Condition Treatment Complication
	S70.31	Method Specific Anesthesia Complication: Hospitalization
	S70.32	Method Specific Abdominal Injury – Laparotomy or Laparoscopy (Within 30 Days Post-Operative)
	S70.33	Method Specific Operative Site or Pelvic Infection (Within 30 Days Post-Operative)
	S70.34	Method Specific Pre-Operative Evaluation (Prospective TAR)

Male Vasectomy	<u>Code</u>	<u>Description</u>
	S80.1	Vasectomy – Screening and Evaluation
	S80.2	Surgical Procedure
	S80.3	Vasectomy – Complication: Related Condition Treatment Complication
	S80.31	Method Specific Testicular/Spermatic Cord Hematoma, or Hemorrhage (Within 30 Days Post-Operative)
	S80.32	Method Specific Operative Site Acute Infection (Within 30 Days Post-Operative)
	S80.33	Method Specific Post-Operative Testicular Pain (Within 30 Days Post-Operative)

Infertility

The following codes are used to bill for infertility services.

Both Females and Males	<u>Code</u>	<u>Description</u>
	S90.1	Fertility Evaluation: Initiation of Fertility Awareness Method (FAM)
	S90.11	Female
	S90.12	Male
	S90.13	Couple
	S90.2	Infertility Management
	S90.3	Infertility Complication: Related Condition Treatment Complication

SECONDARY DIAGNOSIS CODES
**Secondary Diagnosis
Codes for STI**

In addition to the primary diagnosis of the Family PACT “S” code series, Family PACT medical and laboratory claims for the treatment and management of a specific STI must include one of the following secondary diagnosis codes, as appropriate.

Note: Screening laboratory procedures designated for each STI are included with a Family PACT primary diagnosis.

<u>ICD-9-CM Code</u>	<u>Description</u>
098.0 – 098.89	Gonorrhea
099.4 – 099.59	Chlamydia
614.0 – 614.9	PID
112.1, 131.00 – 131.09, 616.0 – 616.9	Vaginitis/vaginal discharge
091.0 – 097.9	Syphilis
054.10 – 054.19	Genital herpes
078.0 – 078.19	Genital warts

Claim Form Completion

HCFA 1500 claim form: Enter the secondary diagnosis in the *Diagnosis or Nature of Illness or Injury* field (Box 21.2).

UB-92 Claim Form: Enter the secondary diagnosis in the *Other Diagnosis Code* field (Boxes 68 – 73).

Note: To obtain reimbursement for services provided for more than one secondary condition, submit an additional claim form with the ICD-9-CM code and the primary “S” code diagnosis.

CONCURRENT DIAGNOSIS CODES

Concurrent Diagnosis Codes for Dysplasia And UTI (Females Only)

When Family PACT claims include the treatment of UTI or dysplasia, whether or not there is a STI secondary diagnosis, the UTI and/or dysplasia is considered a concurrent diagnosis.

<u>ICD-9-CM Code</u>	<u>Description</u>
099.40 - 099.49, 595.0, 595.2, 595.3, 597.0 – 597.89, 599.0	UTI
622.1	Dysplasia

Claim Form Completion

HCFA 1500 claim form: Enter the appropriate code in the *Reserved For Local Use* field (Box 19). Do not enter the UTI or dysplasia diagnosis as a secondary diagnosis.

UB-92 Claim Form: Enter the appropriate code in the *Remarks* area (Box 84). Do not enter the UTI or dysplasia diagnosis as a secondary diagnosis.

Note: The *Diagnosis or Nature of Illness or Injury* fields (Boxes 21.1 and 21.2) on the *HCFA 1500* and the *Principal Diagnosis Code* fields (Boxes 67 – 73) on the *UB-92 Claim Form* are reserved for Family Planning Diagnosis (primary) and STI (secondary).